

FORM C/OH
COVER SHEET PG 1

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

Mr Raymond Zavala

16 ACCOUNT # (Ethics Commission files)

17 NOTICE
FROM
POLITICAL
COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages18 CONTRIBUTION
TOTALS1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$0

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$0

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$0

4. TOTAL POLITICAL EXPENDITURES

\$0

CONTRIBUTION
BALANCE5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

\$0

OUTSTANDING
LOAN TOTALS6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$0

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Mr Raymond Zavala, this the 7th day
of April, 20 05, to certify which, witness my hand and seal of office.

Signature of officer administering oath_____
Printed name of officer administering oath_____
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: 1 of 1	
2 FILER NAME Mr Raymond Zavala		3 ACCOUNT # (Ethics Commission filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



PLEDGED CONTRIBUTIONS**SCHEDULE B**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule B:

1 of 1

2 FILER NAME**3** ACCOUNT # (Ethics Commission filers)

Mr Raymond Zavala

4 TOTAL OF UNITEMIZED PLEDGES:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date**6** Full name of pledgor☐ out-of-state PAC (ID#:_____)**8** Amount of
pledge (\$)**9** In-kind description
(if applicable)**7** Pledgor address; City; State; Zip Code**10** Principal occupation / Job title (See Instructions)**11** Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:_____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:_____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:_____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:_____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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LOANS**SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

1 of 1

2 FILER NAME

Mr Raymond Zavala

3 ACCOUNT # (Ethics Commission filers)**4** TOTAL OF UNITEMIZED LOANS:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$Unitemized

5 Date of loan**7** Name of lender☐ out-of-state PAC (ID#:_____)**9** Loan Amount (\$)**6** Is lender a financial institution?**8** Lender address; City; State; Zip Code**10** Interest rate**11** Maturity date**12** Principal occupation / Job title (See Instructions)**13** Employer (See Instructions)**14** Description of Collateral☐ none**15** GUARANTOR INFORMATION**16** Name of guarantor**18** Amount Guaranteed (\$)☐ not applicable**17** Guarantor address; City; State; Zip Code**19** Principal Occupation**20** Employer

Date of loan

Name of lender

☐ out-of-state PAC (ID#:_____)

Loan Amount (\$)

Is lender a financial institution?

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

☐ none

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

☐ not applicable

Guarantor address; City; State; Zip Code

Principal Occupation

Employer

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If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

1 of 1

2 FILER NAME**3** ACCOUNT # (Ethics Commission filers)

Mr Raymond Zavala

4 Date**5** Payee name**7** Amount
(\$).....
6 Payee address; City; State; Zip Code**8** Purpose of payment (See instructions regarding type of information required.)**9** .. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount
(\$).....
Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount
(\$).....
Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount
(\$).....
Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS****SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G: <div style="text-align: center;">1 of 1</div>
2 FILER NAME Mr Raymond Zavala		3 ACCOUNT # (Ethics Commission filers)

4 Date	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"> 5 Payee name </div> <div style="border-bottom: 1px dotted black; margin-bottom: 5px;"> 6 Payee address; City; State; Zip Code </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> 7 Purpose of expenditure (See instructions regarding type of information required.) </div>	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"> 8 Amount (\$) </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> <input type="checkbox"/> Reimbursement from political contributions intended </div>
Date	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">Payee name</div> <div style="border-bottom: 1px dotted black; margin-bottom: 5px;">Payee address; City; State; Zip Code</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Purpose of expenditure (See instructions regarding type of information required.)</div>	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">Amount (\$) </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"><input type="checkbox"/> Reimbursement from political contributions intended</div>
Date	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">Payee name</div> <div style="border-bottom: 1px dotted black; margin-bottom: 5px;">Payee address; City; State; Zip Code</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Purpose of expenditure (See instructions regarding type of information required.)</div>	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">Amount (\$) </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"><input type="checkbox"/> Reimbursement from political contributions intended</div>
Date	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">Payee name</div> <div style="border-bottom: 1px dotted black; margin-bottom: 5px;">Payee address; City; State; Zip Code</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Purpose of expenditure (See instructions regarding type of information required.)</div>	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">Amount (\$) </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"><input type="checkbox"/> Reimbursement from political contributions intended</div>

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**PAYMENT FROM POLITICAL CONTRIBUTIONS
TO A BUSINESS OF C/OH****SCHEDULE H**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule H:

1 of 1

2 FILER NAME**3** ACCOUNT # (Ethics Commission filers)

Mr Raymond Zavala

4 Date**5** Business name**7** Amount
(\$).....
6 Business address; City; State; Zip Code**8** Purpose of payment (See instructions regarding type of information required.)**9** ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Business name

Amount
(\$).....
Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Business name

Amount
(\$).....
Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Business name

Amount
(\$).....
Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule I: 1 of 1
2 FILER NAME Mr Raymond Zavala		3 ACCOUNT # (Ethics Commission filers)

4 Date	<div style="display: flex; justify-content: space-between;"> <div>5 Payee name</div> <div>8 Amount (\$)</div> </div> <div style="border-top: 1px dotted black; margin-top: 5px;"> <div style="display: flex; justify-content: space-between;"> <div>6 Payee address;</div> <div>City; State; Zip Code</div> </div> </div> <div style="border-top: 1px solid black; margin-top: 5px;"> 7 Purpose of expenditure (See instructions regarding type of information required.) </div>	
Date	<div style="display: flex; justify-content: space-between;"> <div>Payee name</div> <div>Amount (\$)</div> </div> <div style="border-top: 1px dotted black; margin-top: 5px;"> <div style="display: flex; justify-content: space-between;"> <div>Payee address;</div> <div>City; State; Zip Code</div> </div> </div> <div style="border-top: 1px solid black; margin-top: 5px;"> Purpose of expenditure (See instructions regarding type of information required.) </div>	
Date	<div style="display: flex; justify-content: space-between;"> <div>Payee name</div> <div>Amount (\$)</div> </div> <div style="border-top: 1px dotted black; margin-top: 5px;"> <div style="display: flex; justify-content: space-between;"> <div>Payee address;</div> <div>City; State; Zip Code</div> </div> </div> <div style="border-top: 1px solid black; margin-top: 5px;"> Purpose of expenditure (See instructions regarding type of information required.) </div>	
Date	<div style="display: flex; justify-content: space-between;"> <div>Payee name</div> <div>Amount (\$)</div> </div> <div style="border-top: 1px dotted black; margin-top: 5px;"> <div style="display: flex; justify-content: space-between;"> <div>Payee address;</div> <div>City; State; Zip Code</div> </div> </div> <div style="border-top: 1px solid black; margin-top: 5px;"> Purpose of expenditure (See instructions regarding type of information required.) </div>	
Date	<div style="display: flex; justify-content: space-between;"> <div>Payee name</div> <div>Amount (\$)</div> </div> <div style="border-top: 1px dotted black; margin-top: 5px;"> <div style="display: flex; justify-content: space-between;"> <div>Payee address;</div> <div>City; State; Zip Code</div> </div> </div> <div style="border-top: 1px solid black; margin-top: 5px;"> Purpose of expenditure (See instructions regarding type of information required.) </div>	

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CREDITS (optional)**SCHEDULE K**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule K:

1 of 1

2 FILER NAME**3** ACCOUNT # (Ethics Commission filers)

Mr Raymond Zavala

4 Date	5 Payor name	8 Amount (\$)
 6 Payor address; City; State; Zip Code	
	7 Reason for credit	

Date	Payor name	Amount (\$)
 Payor address; City; State; Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
 Payor address; City; State; Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
 Payor address; City; State; Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
 Payor address; City; State; Zip Code	
	Reason for credit	

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**CANDIDATE / OFFICEHOLDER REPORT:
DESIGNATION OF FINAL REPORT****FORM C/OH - FR**

The Instruction Guide explains how to complete this form.

**** Complete only if "Report Type" on page 1 is marked "Final Report" ******1 C/OH NAME**

Mr Raymond Zavala

2 ACCOUNT # (Ethics Commission filers)**3 SIGNATURE**

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder**4 FILER WHO IS NOT AN OFFICEHOLDER****** Complete A & B below *only* if you are not an officeholder. ******A. CAMPAIGN FUNDS**

Check only one:

☐

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

☐

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

☐

I do not retain assets purchased with political contributions or interest or other income from political contributions.

☐

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate**5 OFFICEHOLDER****** Complete this section *only* if you are an officeholder ****☐

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, at the time I cease holding office, I retain assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder